MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE FOR STATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence perare admission PLACE OF DEATH o. COUNTY b COUNTA Page the State Department of in any event within 72 haurs after death. MARYLAND delay TOWN (If autside corparate limits, c. LENGTH OF STAY IN 16 ond PM3. RURAL and give 100 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give stream address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? in (tem 18. Give Pages 1, caminer's Office along with farm YES NO be executed within 24 haurs after death. 3. NAME OF Middle Last 4. DATE Month DECEASED OF DEATH (Type or print) with 1 S SEX -6. COLOR OR TO AGE (In years IF UNDER I YEAR 24 HR 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Haurs Days WIDOWED DIVORCED pages land 2 10a. USUAL OCCUPATION (Give kind of work done. JOB. KIND OF BUSINESS OR (State ar foreign country 12. CITIZEN OF WHAT during prost of working life, even if texted INDUSTRY COUNTRY Trocker pencil i 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. E .= WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO 17. the Chief Medical (Yes, ng, ar unknown) (If yes give war or dates of service) ar remayal. "pending" 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) necessary, please execute the certificate, writing the word This certificate should to burial, cremation, DUE TO Canditions, if any, which gave rise to immediate cause (a). farwarded ta DUE TO stating the underlying cause D 0.5 used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a WAS AUTOPSY PERFORMED? CFRTIFICATION be Page 4 shauld be 200 EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part L of 3 shauld Part PRIMARY I or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year-PLACE OF INJURY (Hame Agric (State While Not While for your at work at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian

its designated agent, priar O FUNERAL DIRECTOR: Page the funeral director. death resulted from: Natural couses Suicide Hamicide Undetermined manner be retained Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** May NAME (Type) Address (Street, city, town, or Lounty) CREMATION NAME OF CPMETERY OR CREMATOR' FUNERAL DIRECTO ADDRESS 25a. REC'D BY REGISTRAR

VR ATSME

O DEPUTY ME

22. DATE SIGNED

(Stote)

(City or Town) (County) REGISTRAR'S SIGNATUR

	-
COD C	TATE
	TATE
HEALTH	DEDS
HEALIN	DELL
	.04

Page and 3 ta State Department of delay , 2, L. PM3. P form in pencil in Item 18. Give Pages 1, be executed within 24 haurs after death. Office alang with the with and 2 the Chief Medical Examiner's gud permit. pending" burial-transit This certificate should necessary, please execute the certificate, writing the ward 0 SD

CAL EXAMINER:

O DEPUTY ME

2. USUAL RESIDENCE (Where deceased lived, if institution: PLACE OF DEATH o. STATE o. COUNTY b. COUNTY MARYLAND within 72 haurs after death b. CITY OR JOWN (If outside c. LENGTH OF STAY IN 1b C. CITY DE write RURAL and give nearest town (If outside conferete limits IS RESIDENCE ON A FARM? ES NO d. STREET ADDRESS OR INSTITUTION (If not in hospital, give street address) YES 3. NAME OF 4. DATE First Lost Month Doy Year DECEASED OF DEATH (Type or print) 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED event CUPATION (Give Lind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Stote of foreign country smoot of working life, exemitrational con INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 501/12 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) MRSJOGUT. remayal, HUNDF 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 0 IMMEDIATE CAUSE (o) crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (a), 4 shauld be farwarded to DUE TO stoting the underlying couse lost burial, nsed II OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe p 20o. EXTERNAL CAUSE WAS (Enter noture of infury in Port I or Port its designated agent, priar 3 shauld PRIMARY Sor CONTRIBUTING CAUSE OF BEATH. WEDICAL TIME OF INJURY Month, Dov. Year PLACE OF INJURY (Hope, form. 20€ 20f While Not While may be retained far yaur FUNERAL DIRECTOR: Page the funeral director. Page of work of work 21. I certify that I toak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted frame Natural/couses Accident Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DAJE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. S no FUNE. Health ar if DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type Address (Street, city, town, br county) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 1966 0 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR AISME (S) esun Charl 6M 1/66

36,61

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE P.M.3. Page 2, and 3 to pages I and 2 with the State Department of ny delay is y event within 72 hours ofter death. the funeral director, Page 4 should be forwarded to the Chief Medical Exomingr's Office along with form necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If Health or its designoted ogent, prior to burial, cremotion, or removal, and TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Filk

5 may be retained for your files.

VR A15ME (5)

154	36	MED	ICAL EXAM	INER'S	CERTIFICATE O	F DEATH		15	136	
PLACE OF DEATH	Lvert		MA	RYLAND	2. USUAL RESIDENCE (10. STATE Mary		lived, if institutio b. COUNT			ian)
b. CITY OR TOWN	(If autside carparate limits	,	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (If au	tside corporate l	imits, write RUR	At and give near	rest town)	7
Prince	Frederick		93 d	ays	Prin	ce Fre	derick	1	4.1	
	TAL OR INSTITUTION (If no		ive street address)		d. STREET ADDRESS				e. IS RESI	DENCE
Colvert	t County H	ospit	a1			e di			ON A F	NO TO
3. NAME OF	Fir		Middle		Lost	4. DATE	Month	D		ear
(Type or print)	Mar		7.45345	silla	77	OF DEATH	11	7		66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	-	B. DATE OF BIRTH		GE (In years	IF UNDER 1 YEAR		R 24 HRS.
		WIDOWED :			3-17-84		og bijthday)	Months Days	s Hours	Min.
Female	White		ND OF BUSINESS OR		III. BIRTHPLACE (State		À12	12 CITIZEN	OF WHAT	1
during most of working		INI	OUSTRY Have	1.	Marylan	_	177		Š.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Benjar	min Gray				Narciss	a Bowe	n			
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.		NFORMANT		Addres	is		
(Yes, no, ar unknawn)	(If yes give war or dates a	service)	19-36-8	266	Lola Bow	en Pr	ince F	rederi	ick.	Md.
Conditions, if any rise to immedia stating the under last. PART II, OTHER S	rte couse (a), DUE	(b) Ot TO (c) C 8	ardiovas	scula	olon Carc r Renal D THE TERMINAL DISEASE COI	isease	Y PART I(o)		7-2 O Ve. 9. WAS AUTI PERFORM YES	3-60 ars (OPSY MED? NO
200. EXTERNAL CO PRIMARY 1 or CO CAUSE OF DEATH.		20b. DES	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I or Part II	of item 18.)			
Hour a.	JURY Month, Day, Year .m. 19	20d. IN White at work	JURY OCCURRED Not While at wark		CE OF INJURY (Home, form ary, street, affice bldg., etc.		ity or town)	(County)		(Stote)
21. I certif	fy that I taak charge	of the rem	nains described	abave, he	ld an Autapsy 🗍,	Inspection	, Inqui	iry 🔲, a	nd in my	apiniar
death resul	Ited fram: 1 Natura	capses	Accident], Suic	ide . Hamicide		etermined ma	inner 🗍		
ACTUAL SIGNATURE	to Wil	Va	rof		NLD.	ICAL EXAMINER	11	-11-66	22. DATE	SIGNED
EXAMINER'S NAME (Type)	Hugh W. Wa	ard, M	.D.		DEPUTY MEDIC, Address (Stree	AL EXAMINER L I, city, town, or i	county)			
230. BURIAL, CREMATI REMOVAL (Specification)	D NOO. 13	1966	Central	11/1	etery	Bars	ION (City or Tow	alvert	-	State) Md,
4. FUNERAL DIRECTO	Eness & A	lan A	eturopess/	shes	A MO REC'I	1 4 196	6 Police	GISTRAR'S SIGNAT	udge	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

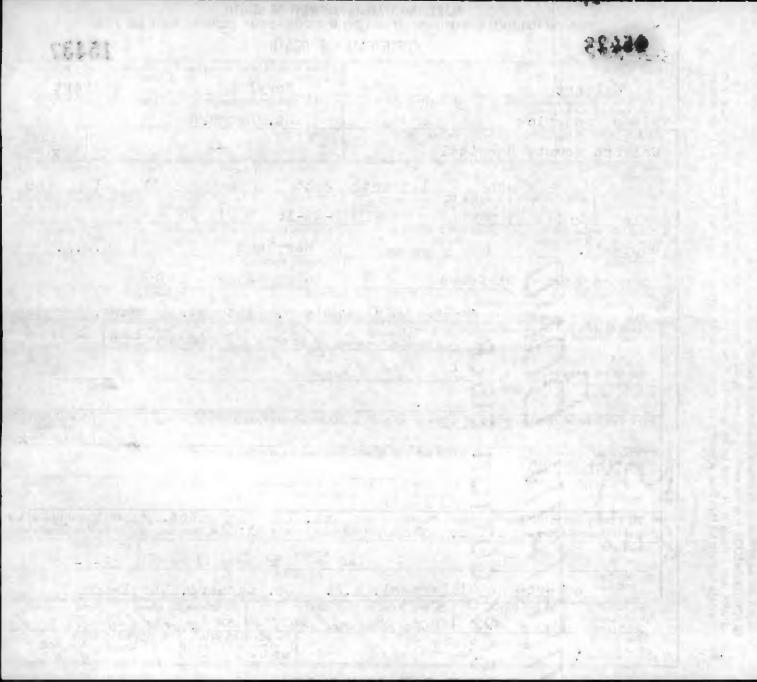
	3067	6		CEKIII	FICATE	OF DEATH				154	57	
	PLACE OF DEATH						(Where dec	eosed lived, if institu		nce befor	e odmissio	on)
	o. COUNTY Cal	vert		MAR	YLAND	o. STATE Mar	vland	b. cou		alve	ert	
	b. CITY OR TOWN (f outside corporate limit	is,	C. LENGTH OF STAY	IN 1b			orate limits, write RU	IRAL ond gi	ve neores	st town)	
P	write RURAL on	give negrest town) rederick		L day	rs	St.	Leon	nard		83	11	
		AL OR INSTITUTION (If n	ot in hospital, a	1		d. STREET ADDRESS					e. IS RESIL	DENCE
		County I					-	_			AEZ AL	NO
	NAME OF	F	irst	Middle		Lost	4. DAT	E Mon	th	Doy	Ye	or
	DECEASED (Type or print)	Rı	ith	Elizab	eth	Jett	OF DEA	тн 1	1	1	19	66
_	SEX	6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH		9 AGF (In years	IF UNDER		IF UNDER	_
10	male	White	WIDOWED	DIVORCE	hand	7-29-16		lost birthdoy)	Months	Doys	Hours	Min.
Π'n	USUAL OCCUPATION	I (Give kind of work done	10b. KI	IND OF BUSINESS OR	5d	11. BIRTHPLACE (Cour	nty & Stote, o		12. 0	ITIZEN OF	WHAT	-
lur	ing most of working	life, even if retired)		IDUSTRY		Maryl	and		C	U.S	- A -	
13	FATHER'S NAME	10		Home		14. MOTHER'S MAIDE		<u> </u>		0.0		
107	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T 3 3 (01 - 66 -	3				noo Tarole	0.30			
15		Edward S		SOCIAL SECURITY NO.	17 N	NFORMANT	never	cca Tuck				-
		(If yes give wor or dotes	of service)				- 11			1 1		7
	No	_	041-	5-46-380	9 1	ewis H.	Jett	St. Le	onar		- 14	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART LINEATH WAS CAUSED BY: ONSET AND DEATH											
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metalls in Motor Margalia. Come ONSET AND DEATH											
	170 X DUE TO											
	Conditions, if ony	/ 1		5	15	record	-					
	rise to immediate couse (o),											
j	stating the unde	riving couse	(c)	7								
		GNIFICANT CONDITIONS		TO DEATH BUT NOT DE	LATED TO T	HE TERMINAL DISEASE	CONDITION C	IVEN IN PART 1501		10	WAS AUT	OPSY
S	PAKI II. UINEK SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH DUI NOT KE	ELMIED IO I	TERMINAL DISEASE	COMDITION	HILLE HE FAKT 1(0)			PERFORM	ED?
5								- W 4 P		У	ES	NO JC
CERTIFICATION	20o. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DE	ESCRIBE HOW INJURY (OCCURRED. (Enter noture of injury	in Port I or	Port II of item 18.)				
7		MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF IN	URY Month, Doy, Year		NJURY OCCURRED		E OF INJURY (Home, f		f. (City or town)	((ounty)		(Stote)
ME	Hour o.	n. n. 19	While of wor	Not While	tocto	ory, street, office bldg., e	erc.)					
	21 certi	fy that (1) (this ho	spital) atten	ded the deceased	fram	Oct. 28	. 1966	to Nov.	1 19	66, ti	hat (1) (we) la
	saw the d	eceased alive an	Nov. 1	1966	and that	death accurred	at 1:15	PM, fram causes	and an	the dat	te state	d abay
	220. SIGNATURE		The same of the sa	, , , , , ,					22b.	DATE SIGN	NED	
	10	220. SIGNATURE M.D. ATTENDING MED. STAFF 226. DATE SIGNED 226. DATE SIGNED 11-1-66										
	22c. PHYSICIAN'S				741.00	22d. ADDRESS	D.KEET OF	71110.	-			
	NAME (Type		de Vi	llarreal	. M.	D. St.	Leon	nard Ma	rvla	nd		
22	DIDIAL COLMAN			23c. NAME OF CEA				LOCATION (City of To		(County	1) (9	tote)
230	 BURIAL, CREMATII REMOVAL (Specify 	10				1101			1 /3	1 -	50	ml
0	Buria	Nov.4		Waters 1	lemost.	cal Cemeton	ECD BY REG	K. Leona Sa	EGISTRAR'S		DE I	10,
24	FUNERAL DIRECTO		196	ADDRESS OF	11.	md 250.	OV P.	- 3		By	uda	2
1	HINark	ness + Jon	7, 120	MT / PEPER	1/13,	11/01 DATE	UVI	1966	- /	1	0	

TO HÖSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Haurs after death

Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, noge 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 3 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death



FOR STATE HEALTH DEPT.

necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to lond 2 with the Stote Deportment of This certificate whould be executed within 24 hours ofter death. If necessory, please execute the certificate, writing the word

event within 72 haurs after death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health or its designated agent, prior to burial, crematian, or removal, and MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	4543	3	MED	ICAL EXAMI	NER'S	CERTIFICATE C	F DEA	TH	1:	543	8	
	PLACE OF DEATH O. COUNTY	alvert		MAI	RYLAND	2. USUAL RESIDENCE (Where dece	osed lived, if institu b. COU	MITTAL	nce befor alve		on)
	b. CITY OR TOWN	If outside corporate limit	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou		rate limits, write RL	JRAL ond gi	ve neores	it town)	
	Pi	d give neorest town) fince Frede	rick			St.	Leona	rds		140	/	
		alor Institution (If no alvert Coun				d. STREET ADDRESS					e. IS RESI DN A F	DENCE ARM? NO
	NAME OF DECEASED (Type or print)		ary	Middle		PARRAN	4. DATE OF DEAT	Mon Nove		Doy 3		or 66
5.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED X	B. DATE OF BIRTH		9. AGE (In years	IF UNDER			R 24 HRS.
F	Semale	Negro	WIDOWED	DIVORCE	ED 🗍	July 17./	946	20 yrs.	Months	Doys	Hours	Min.
		N (Give kind of work done life, even if retired) 1 C		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stote	or foreign	country)		ITIZEN OF OUNTRY?		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	4					
	Webste	r Parran				Lotdora	Bean					
15.	WAS DECEASED EVI	R IN U.S ARMED FORCES?	f captica) 16,	SOCIAL SECURITY NO.	17,	NFORMANT		Addi	ress			
100	s, no, or enknown)	(ii kes dive and of poles i	N SCIAICE)		1	Webster Pa	rran	-St.Le	onar	ds:	Md	
		EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) Conge	(o), (b), ond (c).) estive Hea						INT	ERVAL BET SET AND I	
	Conditions, if ony			umatic he	art d	lisease.						
	rise to immedia	e couse (a),	101	1,00		100000				-		
	stoting the unde	riying couse	(c)									
ATION	PART II. OTHER S	GNIFICANT CONDITIONS C		O DEATH BUT NOT RE	ELATED TO	THE TERMINAL DISEASE CO	NDITION GIV	/EN IN PART 1(o)			WAS AUTO PERFORM	OPSY IED?
MEDICAL CERTIFICATION	200. EXTERNAL CO PRIMARY ☐ or CO CAUSE OF DEATH.		20b. DE	SCRIBE HOW INJURY (OCCURRED.	(Enter nature of injury in	Port I or Po	ort II of item 18.)				
MEDICAL	20c. TIME OF INJ Hour o.	10	20d. In While at work	Not While of work		CE OF INJURY (Home, forn ory, street, office bldg., etc.		(City or town)	(Co	(yinuc		(State)
	21. I certif	y that I took charge	e of the ren	ngins described a	bave, he	ld on Autopsy 3,	Inspec	tion , Inq	uiry 🔲,	and	in my	opinion
	death resul	ted from: Nature	al causes 7	Accident], Suic	ide , Homicide		Indetermined n	nanner [
	ACTUAL	0/	1			CHIEF MEDICAL	EXAMINER					CACHER
	SIGNATURE						DICAL EXAMI				22. DATE	
	EXAMINER'S NAME (Type)	Charles S	. Petty	,0		DEPUTY MEDICA Address (Stree					11/4	/66
230	REMOVAL (Specify	1		23c. NAME DF CEN			23d. l	OCATION (City or To	own)	(County) (5	tote)
0.1		11-/-	56	Brooks	C . (em.			6.3/5	Cal	_ M	d_
74	Pinkn		ll F	rine Fi	red.		NV 7	1966	oclia			40

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

26439

CERTIFICATE OF DEATH

MARYLAND

I FINGTH OF STAY IN 16

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission

b. COUNTY

PLACE OF DEATH

a. COUNTY

aft aft		b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RU	RAL and give nearest town)
Par Par ours		write RURAL and give nearest town)	9 mo-	GOUANS,	30-4
in Sign		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gir	ve street address)	d. STREET ADDRESS	e. IS RESIDENCE
pape pape iin 7	- 0	alvert Akursing	Home	517 HARWOOD	AUC. YES NO D
Nith F	3.	NAME OF DECEASED	Middle	Last 4 DATE Mont	1
erte nt,		(Type or print)	277777	DEATH /V	00, 23 1966
l camplete nove carb ny event, v	S.	SEX 6. COLOR OR RACE 7. MARRIED [WIDOWED]		DATE OF BIRTH 9. AGE (In years lost birthday) 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	Months Days Hours Min.
cian and co	10 du	ring most of working life, even if retired) IND	D OF BUSINESS OR PUSTRY	11. BIRTHPLACE (County & State, or foreign country) M.D.	12. CITIZEN OF WHAT COUNTRY?
Sicio	13	FATHER'S NAME	Trine	14. MOTHER'S MAIDEN NAME	4311
men men emove	10	2	Inner	2	
ding			OCIAL SECURITY NO. 17. IN	NFORMANT Addr	Ess Jantle St.
attendi ermit. In, ar r	(1	es, no, or unknown) (If yes give war or dates of service) 2/6	6-36-23230 MK	: Lloyd, G. Ne Allister	Ballem Ind
by the attendir transit permit.		IB. CAUSE OF DEATH (Enter only one couse per line for (PART I. DEATH WAS CAUSED BY:		P	INTERVAL BETWEEN ONSET AND DEATH
by train		IMMEDIATE CAUSE (a)	Die Contraction	. 1)	- Adap
rial,		Conditions, if any, which gave) (6)	arcino	na 9 Lasyr	rx ?
een sig the bu r to bu		rise to immediate cause (a), stoting the underlying couse			
s b as prio	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
fificat d for of Rec	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESI OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Part I or Part II of item 18.)	115
Affer this cert be detached State Dept. a	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. 20d. INJ While p.m. 19 dt work	Not While focto	E OF INJURY (Home, farm, 20f. (City or town) ry, street, office bldg., etc.)	(County) (State)
R: Affe		21. I certify that (I) (this haspital) attend		March , 19 66, tg //- 2 death accurred at 10215 M, from causes	and an the date stated above
D the		220. SIGNATURE	17_22, 410 1110		226. DATE SIGNED
DIREC ge 3 ied w		100 BC 1581	M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	11-23-66
FUNERAL DIRECTOR: A director, page 3 should should be filed with the		Page C. Jet	t, M. D.	22d. ADDRESS Frince Fred	levick, Md.
State Park	23	BURTAL, CREMATION, 23b. DATE THEREOF	23c. MAME OF CEMETERY OR C	REMATORY 23d. LOCATION (City or To	wn) (County) (State)
- S- S- U	1	Survail 11-25-1966	Drud Red	de Cemetery / chesnell	Bolls, mol
VR ATS (4) 67	1/2	4. FUNERAL DIRECTOR 1217	of ADDRESSUE DI	250. REC'D BY REGISTRAR 25b. RE	EGISTRAR'S SIGNATURE JCharles Judge
	كيكا				4 4 4

